

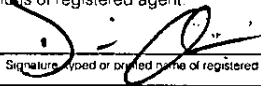
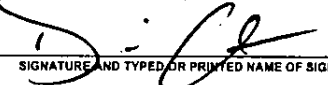


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # V12786			
1. Entity Name HAMMERLOCK INDUSTRIES, INC.			
Principal Place of Business 13275 SW 136 ST. UNIT 30 MIAMI, FL 33186		Mailing Address 13275 SW 136 ST. UNIT 30 MIAMI, FL 33186	
DO NOT WRITE IN THIS SPACE			
		 01122008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0311805	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
HAMMER, ROBERT H. 14028 SW 140TH ST MIAMI, FL 33186			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 1/18/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMER, ROBERT H. 7975 SW 155TH ST MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, DAVID 10970 SW 55 ST MIAMI, FL 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1/18/08 (305) 234-9484 <small>Daytime Phone #</small>	